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UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

In re: Jeffrey Scott Cohen

Bankruptcy Case No.: 18-12127-ABL
Chapter 7

Debtor(s).

AMENDMENT COVER SHEET

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes),

- ☐ Voluntary Petition (Specify reason for amendment):
- ☐ Summary of Schedules
- ☐ Statistical Summary of Certain Liabilities
- ☒ Schedule A/B – Real/Personal Property
- ☒ Schedule C – Property Claimed as Exempt
- ☐ Schedule D, E, F and/or Matrix, and/or List of Creditor or Equity Holders
 - ☒ Add/delete creditor(s), change amount or classification of debt - \$26.00 Fee required
 - ☐ Add/change address of already listed creditor – No Fee
- ☐ Schedule G – Executory Contracts and Unexpired Leases
- ☒ Schedule H – Co-Debtors
- ☐ Schedule I – Current Income of Individual Debtor(s)
- ☐ Schedule J – Current Expenditures of Individual Debtor(s)
- ☐ Declaration Concerning Debtor's Schedules
- ☒ Statement of Financial Affairs and/or Declaration
- ☒ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Disclosure of Compensation of Attorney for Debtor(s)
- ☐ Statement of Current Monthly Income and Means Test Calculation
- ☐ Certification of Credit Counseling
- ☐ Other:

Declaration of the Debtor

I (We) declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.

Date:

5-16-2018

Debtor

Joint Debtor

Fill in this information to identify your case and this filing:

Debtor 1	Jeffrey Scott Cohen		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEVADA</u>			
Case number	<u>18-12127</u>		

☒ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: Mercedes Benz

Model: CLK350

Year: 2006

Approximate mileage: 131000

Other information:

Location: 268 Lakeshore Road
#427, Boulder City NV 89005

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
<u>\$2,435.00</u>	<u>\$2,435.00</u>

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$2,435.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings
Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127**☒ Yes. Describe.....

Household Goods & Furnishings Location: 268 Lakeshore Road #427, Boulder City NV 89005

\$2,000.00**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....

Household Electronics Location: 268 Lakeshore Road #427, Boulder City NV 89005

\$1,800.00**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☒ Yes. Describe.....

Paintings Location: 268 Lakeshore Road #427, Boulder City NV 89005

\$350.00**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No☒ Yes. Describe.....

Ruger 1911 45ACP Location: 268 Lakeshore Road #427, Boulder City NV 89005
--

\$400.00**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....

Clothing Location: 268 Lakeshore Road #427, Boulder City NV 89005
--

\$1,200.00**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.....

Watch, ring Location: 268 Lakeshore Road #427, Boulder City NV 89005

\$200.00**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127**

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No☒ Yes. Give specific information.....**Household Health Aids****Location: 268 Lakeshore Road #427, Boulder City NV 89005****\$300.00****Household Tools****Location: 1303 Darlene Way #302C, Boulder City NV 89005****\$600.00**

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,850.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes.....17. **Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

17.1. **Checking****Navy Federal Credit Union #1760****\$1,120.76**17.2. **Savings****Navy Federal Credit Union #5698****\$55.26**17.3. **Savings****Navy Federal #6722****\$5.00**17.4. **Savings****Boulder Dam Credit Union #6003****\$5.01**17.5. **Savings****Boulder Dam Credit Union #1001****\$5.00**17.6. **Checking****Boulder Dam Credit Union #1001****\$6.20**18. **Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes..... Institution or issuer name:19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127**

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☐ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☐ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☐ No☐ Yes. Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☐ No☐ Yes. Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☐ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☐ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☐ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**28. Tax refunds owed to you**☐ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**2017 Tax Refund****Federal****\$14.00****29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☐ No☐ Yes. Give specific information.....

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127****30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☐ No☒ Yes. Give specific information..**Social Security Disability****Unknown****31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☐ No☒ Yes. Describe each claim.....**Personal Injury Accident on May 25, 2017****Unknown****34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$1,211.23****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership☒ No☐ Yes. Give specific information.....

Debtor 1 Jeffrey Scott CohenCase number (if known) 18-12127

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		<u>\$0.00</u>
56. Part 2: Total vehicles, line 5	<u>\$2,435.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$6,850.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$1,211.23</u>	
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62. Total personal property. Add lines 56 through 61...	<u>\$10,496.23</u>	Copy personal property total <u>\$10,496.23</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<u>\$10,496.23</u>

Fill in this information to identify your case:

Debtor 1	Jeffrey Scott Cohen		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEVADA</u>			
Case number (if known)	<u>18-12127</u>		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2006 Mercedes Benz CLK350 131000 miles Location: 268 Lakeshore Road #427, Boulder City NV 89005 Line from <i>Schedule A/B</i> : 3.1	\$2,435.00	<input checked="" type="checkbox"/> \$2,435.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(f)
Household Goods & Furnishings Location: 268 Lakeshore Road #427, Boulder City NV 89005 Line from <i>Schedule A/B</i> : 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(b)
Household Electronics Location: 268 Lakeshore Road #427, Boulder City NV 89005 Line from <i>Schedule A/B</i> : 7.1	\$1,800.00	<input checked="" type="checkbox"/> \$1,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(b)
Paintings Location: 268 Lakeshore Road #427, Boulder City NV 89005 Line from <i>Schedule A/B</i> : 8.1	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(a)
Ruger 1911 45ACP Location: 268 Lakeshore Road #427, Boulder City NV 89005 Line from <i>Schedule A/B</i> : 10.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(i)

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Clothing Location: 268 Lakeshore Road #427, Boulder City NV 89005 Line from Schedule A/B: 11.1	\$1,200.00	<input checked="" type="checkbox"/> \$1,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(b)
Watch, ring Location: 268 Lakeshore Road #427, Boulder City NV 89005 Line from Schedule A/B: 12.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(a)
Household Health Aids Location: 268 Lakeshore Road #427, Boulder City NV 89005 Line from Schedule A/B: 14.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(b)
Household Tools Location: 1303 Darlene Way #302C, Boulder City NV 89005 Line from Schedule A/B: 14.2	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(b)
Checking: Navy Federal Credit Union #1760 Line from Schedule A/B: 17.1	\$1,120.76	<input checked="" type="checkbox"/> \$840.57 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(g)
Checking: Navy Federal Credit Union #1760 Line from Schedule A/B: 17.1	\$1,120.76	<input checked="" type="checkbox"/> \$280.19 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)
Savings: Navy Federal Credit Union #5698 Line from Schedule A/B: 17.2	\$55.26	<input checked="" type="checkbox"/> \$41.45 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(g)
Savings: Navy Federal Credit Union #5698 Line from Schedule A/B: 17.2	\$55.26	<input checked="" type="checkbox"/> \$13.81 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)
Savings: Navy Federal #6722 Line from Schedule A/B: 17.3	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)
Savings: Boulder Dam Credit Union #6003 Line from Schedule A/B: 17.4	\$5.01	<input checked="" type="checkbox"/> \$5.01 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)
Savings: Boulder Dam Credit Union #1001 Line from Schedule A/B: 17.5	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)
Checking: Boulder Dam Credit Union #1001 Line from Schedule A/B: 17.6	\$6.20	<input checked="" type="checkbox"/> \$6.20 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Federal: 2017 Tax Refund Line from <i>Schedule A/B</i> : 28.1	\$14.00	<input checked="" type="checkbox"/> \$14.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)
Social Security Disability Line from <i>Schedule A/B</i> : 30.1	Unknown	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(y)
Personal Injury Accident on May 25, 2017 Line from <i>Schedule A/B</i> : 33.1	Unknown	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(u)
Personal Injury Accident on May 25, 2017 Line from <i>Schedule A/B</i> : 33.1	Unknown	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Nev. Rev. Stat. § 21.090(1)(z)

3. **Are you claiming a homestead exemption of more than \$160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **Jeffrey Scott Cohen**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number **18-12127**
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operations PO Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code	Last 4 digits of account number	\$9,246.79	\$9,246.79
	When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify <u>Taxes(1040)</u>			\$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**Total claim**

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.1	Ad Astra Recovery Nonpriority Creditor's Name 7330 W 33rd Street N Ste 118 Wichita, KS 67205 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5966 When was the debt incurred? Opened 10/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Rapid Cash 17	\$730.00
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4.2	Ad Astra Recovery Nonpriority Creditor's Name 7330 W 33rd Street N Ste 118 Wichita, KS 67205 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5266 When was the debt incurred? Opened 11/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Rapid Cash 17	\$242.00
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4.3	Ad Astra Recovery Nonpriority Creditor's Name 7330 W 33rd Street N Ste 118 Wichita, KS 67205 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5267 When was the debt incurred? Opened 11/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Rapid Cash 17	\$225.00
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.4	Ad Astra Recovery Nonpriority Creditor's Name 7330 W 33rd Street N Ste 118 Wichita, KS 67205 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5974 When was the debt incurred? Opened 10/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Rapid Cash 17	\$177.00
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4.5	Ad Astra Recovery Nonpriority Creditor's Name 7330 W 33rd Street N Ste 118 Wichita, KS 67205 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5973 When was the debt incurred? Opened 10/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Rapid Cash 17	\$147.00
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4.6	Ad Astra Recovery Nonpriority Creditor's Name 7330 W 33rd Street N Ste 118 Wichita, KS 67205 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2604 When was the debt incurred? Opened 11/14 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Rapid Cash 17	\$141.00
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.7

Allied Collection Services

Nonpriority Creditor's Name

**3080 South Durango Drive
Suite 208****Las Vegas, NV 89117**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4401****\$1,894.00**When was the debt incurred? **Opened 11/18/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **05 Hard Rock Hotel Casino**

4.8

AMCA/American Medical Collection Agency

Nonpriority Creditor's Name

Attention: Bankruptcy**4 Westchester Plaza, Suite 110
Elmsford, NY 10523**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9910****\$500.00**When was the debt incurred? **Opened 2/05/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Laboratory Corp Of America**

4.9

American Intitute of Trucking

Nonpriority Creditor's Name

**4020 E. Lone Mountain Rd.
North Las Vegas, NV 89081**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$752.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Educational Debt**

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.1 0	Boulder City Hospital Nonpriority Creditor's Name C/O Quantum Collection 3223 Civic Center North Las Vegas, NV 89036 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$600.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>
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4.1 1	Boulder City Utilities Nonpriority Creditor's Name 401 California Ave Boulder City, NV 89005 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3724 \$584.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Service</u>
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4.1 2	Boulder Dam Credit Uni Nonpriority Creditor's Name Po Box 61530 Boulder City, NV 89006 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 00S1 Unknown When was the debt incurred? Opened 06/16 Last Active 7/26/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Secured</u>
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**4.1
3**Boulder Dam Credit Uni**

Nonpriority Creditor's Name

**Po Box 61530
Boulder City, NV 89006**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **00S1****Unknown**When was the debt incurred? **Opened 12/12 Last Active 3/13/14**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Secured**4.1
4**Boulder Dam Credit Uni**

Nonpriority Creditor's Name

**Po Box 61530
Boulder City, NV 89006**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **00S4****Unknown**When was the debt incurred? **Opened 05/13 Last Active 5/28/14**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Secured**4.1
5**Capital One**

Nonpriority Creditor's Name

**PO Box 30285
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7373****\$626.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.1 6	Carmax Auto Finance Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 440609 Kennesaw, GA 30160 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8726 When was the debt incurred? Opened 04/12 Last Active 8/07/13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Automobile	Unknown
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4.1 7	Check & Go of Nevada Nonpriority Creditor's Name 1830 E. Charleston Blvd Las Vegas, NV 89104 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9773 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Payday Loan	\$1,190.10
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4.1 8	Cigna Health Insurance Nonpriority Creditor's Name 6671 S. Las Vegas Blvd Las Vegas, NV 89119 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2731 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Disability Benefit Adjustment	Unknown
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.1 9	Credit One Bank Na Nonpriority Creditor's Name Po Box 98873 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8104 When was the debt incurred? Opened 01/12 Last Active 6/10/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	Unknown
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4.2 0	Dales Sinclair Nonpriority Creditor's Name 1625 Nevada Hwy Boulder City, NV 89005 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured	\$550.00
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4.2 1	Desert Radiology Solutions LLC Nonpriority Creditor's Name PO Box 1645 Indianapolis, IN 46206 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number RTD2 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt	\$5.29
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.2 2	Diversified Consultants, Inc. Nonpriority Creditor's Name Diversified Consultants, Inc. Po Box 551268 Jacksonville, FL 32255 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7155 When was the debt incurred? Opened 09/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Sprint	\$1,788.00
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4.2 3	Dr. Robert Riegel DDS Nonpriority Creditor's Name 5642 S. Eastern Ave #B Henderson, NV 89052 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3600 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Dental Bill	\$411.90
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4.2 4	Evergreen Services Nonpriority Creditor's Name PO Box 834 Lac Du Flambeau, WI 54538 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0830 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Payday loan	\$880.00
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**4.2
5**Family Doctors of Boulder City**Last 4 digits of account number **1783****\$177.00**

Nonpriority Creditor's Name

**895 Adams Blvd
Boulder City, NV 89005**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debt**4.2
6**FedLoan Servicing**Last 4 digits of account number **0002****\$4,371.00**

Nonpriority Creditor's Name

**Attention: Bankruptcy
Po Box 69184
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **Opened 06/15 Last Active 11/30/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify**Educational**4.2
7**FedLoan Servicing**Last 4 digits of account number **0001****\$2,450.00**

Nonpriority Creditor's Name

**Attention: Bankruptcy
Po Box 69184
Harrisburg, PA 17106**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **Opened 06/15 Last Active 11/30/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify**Educational**

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**4.2
8**First Premier Bank**

Nonpriority Creditor's Name

**Po Box 5524
Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6082****\$547.00**

When was the debt incurred?

**Opened 05/12 Last Active
2/27/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.2
9**First Premier Bank**

Nonpriority Creditor's Name

**Po Box 5524
Sioux Falls, SD 57117**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **5896****\$413.00**

When was the debt incurred?

**Opened 06/13 Last Active
3/18/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.3
0**Henderson Hospital**

Nonpriority Creditor's Name

**1050 Galleria Dr.
Henderson, NV 89011**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2166****\$41.40**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debt**

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.3 1	Home Air Conditioning Nonpriority Creditor's Name C/O Dana Bailey 3908 Vegas Dr. Las Vegas, NV 89108 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number \$3,614.46 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Air Conditioning Service
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4.3 2	I C System Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1001 \$1,787.00 When was the debt incurred? Opened 8/29/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 11 Sprint
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4.3 3	I C System Inc Nonpriority Creditor's Name Po Box 64378 Saint Paul, MN 55164 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0747 \$625.00 When was the debt incurred? Opened 08/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Cox Communications-Las Vegas
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**4.3
4**Jefferson Capital Systems, LLC**Last 4 digits of account number **6720****\$547.17**

Nonpriority Creditor's Name

PO Box 7999**Saint Cloud, MN 56302**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Credit Card**4.3
5**Laboratory Corp of America**Last 4 digits of account number **9910****\$500.00**

Nonpriority Creditor's Name

P.O. Box 2240**Burlington, NC 27216-2240**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debt**4.3
6**Laser Spine Institute**Last 4 digits of account number **6869****\$366.34**

Nonpriority Creditor's Name

5332 Avion Park Dr.**Tampa, FL 33607**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debt**

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.3 7	Midland Funding Nonpriority Creditor's Name Attn: Bankruptcy Po Box 939069 San Diego, CA 92193 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5851 \$1,129.00 When was the debt incurred? Opened 02/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Factoring Company Account Credit One Bank N.A.
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4.3 8	Monterey Col Nonpriority Creditor's Name 4095 Avenida De La Plata Oceanside, CA 92056 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0113 \$780.00 When was the debt incurred? Opened 5/12/16 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 12 Aladdin Bail Bonds
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4.3 9	Nevada Critical Care Consultants Nonpriority Creditor's Name 10120 S. Eastern Ave #120 Henderson, NV 89052 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6950 \$500.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**4.4
0**Platinum Hospitalists LLC**

Nonpriority Creditor's Name

**10624 S Eastern Ave Ste A955
Henderson, NV 89052**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4893****\$8.10**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debt**4.4
1**Portfolio Recovery**

Nonpriority Creditor's Name

**Po Box 41067
Norfolk, VA 23541**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7373****\$437.00**

When was the debt incurred?

Opened 04/17

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Factoring Company Account Hsbc Bank
Nevada N.A.**4.4
2**Quality Acceptance Llc**

Nonpriority Creditor's Name

**14546 Hamlin St Fl 3
Van Nuys, CA 91411**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9979****Unknown**When was the debt incurred? **Opened 11/12 Last Active
5/02/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Automobile**

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**4.4
3**Quest Diagnostics**Last 4 digits of account number **7445****\$15.00**

Nonpriority Creditor's Name

PO Box 740351**Cincinnati, OH 45274**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debt**4.4
4**SKO Brenner American**Last 4 digits of account number **1685****\$79.90**

Nonpriority Creditor's Name

P.O. Box 230**Farmingdale, NY 11735**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Collection**4.4
5**St Rose Domimician Hospital**

Last 4 digits of account number

\$9,000.00

Nonpriority Creditor's Name

P.O. Box 33349**Phoenix, AZ 85067**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Debt**

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

4.4 6	Steinberg Diagnostic Nonpriority Creditor's Name P.O. Box 36900 Las Vegas, NV 89133 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7854 \$27.95 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Debt
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4.4 7	Titan Receivables Inc Nonpriority Creditor's Name 7700 Irvine Center Dr St PO Box 61749 Irvine, CA 92618 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2038 \$333.00 When was the debt incurred? Opened 08/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Attorney Two Jinn Inc
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4.4 8	Wells Fargo Dealer Services Nonpriority Creditor's Name Attn: Bankruptcy Po Box 19657 Irvine, CA 92623 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6555 Unknown When was the debt incurred? Opened 03/11 Last Active 5/21/12 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Automobile
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Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**4.4
9**Western Fed Credit Uni**Last 4 digits of account number **0350****Unknown**

Nonpriority Creditor's Name

**Po Box 10018
Manhattan Beach, CA 90267**

When was the debt incurred?

**Opened 04/14 Last Active
3/27/15**

Number Street City State Zip Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☒ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **2005 Dodge SRT - Repo'd****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Berlin Wheeler Inc.
2942 A SW Wanamaker Dr #200
Topeka, KS 66614**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2017

Name and Address

**Boulder City Hospital
901 Adams Blvd.
Boulder City, NV 89005**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Boulder City Hospital
901 Adams Blvd
Boulder City, NV 89005**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Clark County Collection Service
8860 W. Sunset Road #100
Las Vegas, NV 89148-4899**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit One Bank
PO Box 60500
City of Industry, CA 91716**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Delinquent Recovery
4819 Imperior Blvd #400
Durham, NC 27703**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Evergreen professional Recoveries
12100 NE 195th Street #325
Bothell, WA 98011**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127**

Evergreen Professional Recoveries
12100 NE 195th St., #180
Bothell, WA 98011

Line **4.24** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Henderson Hospital
3075 E. Imperial Hwy #200
Brea, CA 92821

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
HS Financial Group LLC
PO Box 451193
Westlake, OH 44145

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Jefferson Capital Systems, LLC
16 McLeland Road
Saint Cloud, MN 56303

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.34** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Laboratory Corp of America
P.O. Box 2240
Burlington, NC 27216

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Laboratory Corporation
P.O. Box 1235
Elmsford, NY 10523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Laboratory Corporation of America
POB 2240
Burlington, NC 27216

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Laser Spine Institute
PO Box 650724
Dallas, TX 75267-0724

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Nevada Critical Care Consultants
PO Box 98813
Las Vegas, NV 89193-8813

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
RMCB
2269 S. Saw Mill River Rd.
Building 3
Elmsford, NY 10523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
RMCB
4 Westchester Plaza Suite 110
Elmsford, NY 10523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
SKO Brenner American Inc
40 Daniel Street
PO Box 230

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Jeffrey Scott Cohen**Case number (if know) **18-12127****Farmingdale, NY 11735-0230**

Last 4 digits of account number

Name and Address

**St Rose Dominican
P.O. Box 79344
City Of Industry, CA 91716**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**St Rose Dominican
P.O. Box 182554
Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**St Rose Dominican Hosp ER
102 E Lake Mead Dr
Henderson, NV 89015**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Steinberg Diagnostic
2767 N. Teneya Way
Las Vegas, NV 89128**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Steinberg Diagnostic Med.
2950 S. Maryland Pkwy.
Las Vegas, NV 89109**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Steinberg Diagnostic Med.
2300 S. Rancho Dr.
Las Vegas, NV 89102**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Steinberg Diagnostic Med.
2300 S. Rancho Dr.
Las Vegas, NV 89102**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Steinberg Diagnostic Med.
2300 S. Rancho Dr.
Las Vegas, NV 89102**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Steinberg Diagnostic Medical
Imaging
PO Box 36900
Las Vegas, NV 89133**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	<u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$	<u>9,246.79</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	<u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	<u>0.00</u>

Debtor 1 Jeffrey Scott CohenCase number (if know) 18-121276e. **Total Priority.** Add lines 6a through 6d.6e. \$ 9,246.796f. **Student loans**6f. \$ Total Claim
6,821.00Total
claims
from Part 26g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**6g. \$ 0.006h. **Debts to pension or profit-sharing plans, and other similar debts**6h. \$ 0.006i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.6i. \$ 32,371.616j. **Total Nonpriority.** Add lines 6f through 6i.6j. \$ 39,192.61

Fill in this information to identify your case:

Debtor 1	Jeffrey Scott Cohen		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF NEVADA</u>			
Case number (if known)	<u>18-12127</u>		

☒ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes.

In which community state or territory did you live?

Nevada. Fill in the name and current address of that person.

Cynthia Cohen
P.O. Box 61189
Boulder City, NV 89006

Name of your spouse, former spouse, or legal equivalent
 Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
 Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
 Check all schedules that apply:

3.1 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.1
☐ Schedule G _____
Ad Astra Recovery

3.2 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.2
☐ Schedule G _____
Ad Astra Recovery

Debtor 1 Jeffrey Scott CohenCase number (if known) 18-12127**Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.3 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.3
☐ Schedule G _____
Ad Astra Recovery

3.4 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.4
☐ Schedule G _____
Ad Astra Recovery

3.5 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.5
☐ Schedule G _____
Ad Astra Recovery

3.6 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.6
☐ Schedule G _____
Ad Astra Recovery

3.7 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.7
☐ Schedule G _____
Allied Collection Services

3.8 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.8
☐ Schedule G _____
AMCA/American Medical Collection Agency

3.9 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.9
☐ Schedule G _____
American Intitute of Trucking

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127****Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.10 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line **4.10**
☐ Schedule G _____
Boulder City Hospital

3.11 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
Boulder City Utilities

3.12 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line **4.12**
☐ Schedule G _____
Boulder Dam Credit Uni

3.13 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
Boulder Dam Credit Uni

3.14 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line **4.14**
☐ Schedule G _____
Boulder Dam Credit Uni

3.15 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line **4.15**
☐ Schedule G _____
Capital One

3.16 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line **4.16**
☐ Schedule G _____
Carmax Auto Finance

Debtor 1 Jeffrey Scott CohenCase number (if known) 18-12127**Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.17 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.17
☐ Schedule G _____
Check & Go of Nevada

3.18 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.18
☐ Schedule G _____
Cigna Health Insurance

3.19 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.19
☐ Schedule G _____
Credit One Bank Na

3.20 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.20
☐ Schedule G _____
Dales Sinclair

3.21 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.21
☐ Schedule G _____
Desert Radiology Solutions LLC

3.22 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.22
☐ Schedule G _____
Diversified Consultants, Inc.

3.23 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.23
☐ Schedule G _____
Dr. Robert Riegel DDS

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127****Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.24 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.24
☐ Schedule G _____
Evergreen Services

3.25 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.25
☐ Schedule G _____
Family Doctors of Boulder City

3.26 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.26
☐ Schedule G _____
FedLoan Servicing

3.27 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.27
☐ Schedule G _____
FedLoan Servicing

3.28 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.28
☐ Schedule G _____
First Premier Bank

3.29 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.29
☐ Schedule G _____
First Premier Bank

3.30 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.30
☐ Schedule G _____
Henderson Hospital

Debtor 1 Jeffrey Scott CohenCase number (if known) 18-12127**Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.31 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.31
☐ Schedule G _____
Home Air Conditioning

3.32 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.32
☐ Schedule G _____
I C System

3.33 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.33
☐ Schedule G _____
I C System Inc

3.34 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 2.1
☐ Schedule G _____
Internal Revenue Service

3.35 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.34
☐ Schedule G _____
Jefferson Capital Systems, LLC

3.36 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.35
☐ Schedule G _____
Laboratory Corp of America

3.37 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.36
☐ Schedule G _____
Laser Spine Institute

Debtor 1 **Jeffrey Scott Cohen**Case number (if known) **18-12127****Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.38 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.37
☐ Schedule G _____
Midland Funding

3.39 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.38
☐ Schedule G _____
Monterey Col

3.40 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.39
☐ Schedule G _____
Nevada Critical Care Consultants

3.41 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☒ Schedule D, line 2.1
☐ Schedule E/F, line _____
☐ Schedule G _____
Nevada West Financial/

3.42 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.40
☐ Schedule G _____
Platinum Hospitalists LLC

3.43 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.41
☐ Schedule G _____
Portfolio Recovery

3.44 **Cynthia Marie Cohen**
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.42
☐ Schedule G _____
Quality Acceptance Llc

Debtor 1 Jeffrey Scott CohenCase number (if known) 18-12127**Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.45 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.43
☐ Schedule G _____
Quest Diagnostics

3.46 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.44
☐ Schedule G _____
SKO Brenner American

3.47 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.45
☐ Schedule G _____
St Rose Domimician Hospital

3.48 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.46
☐ Schedule G _____
Steinberg Diagnostic

3.49 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.47
☐ Schedule G _____
Titan Receivables Inc

3.50 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.48
☐ Schedule G _____
Wells Fargo Dealer Services

3.51 Cynthia Marie Cohen
268 Lakeshore Road #427
Boulder City, NV 89005

☐ Schedule D, line _____
☒ Schedule E/F, line 4.49
☐ Schedule G _____
Western Fed Credit Uni